

APPLICATION DATA SHEET

Application Information

Application Number::
Filing Date:: August 22, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: 3751
CD-ROM Or CD-R?:: None
Title:: Alcove Whirlpool Seat Spa System
Attorney Docket Number:: Marquis:Alcove2
Request For Early Publication:: No
Request For Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 6
Small Entity:: Yes
Petition Included?:: No
Petition Type:: N/A
Licensed US Govt. Agency:: No
Contract Or Grant Numbers:: N/A
Secrecy Order In Parent Application?:: N/A

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sam
Middle Name::
Family Name:: Collins
Name Suffix::
City Of Residence:: Dallas
State Or Province Of Residence:: OR
Country Of Residence:: US
Street Of Mailing Address:: 180 N.W. Woods Lane
City Of Mailing Address:: Dallas
State Or Province Of Mailing Address:: OR
Country Of Mailing Address:: US
Postal Or Zip Code Of Mailing Address:: 97338

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Loren
Middle Name::
Family Name:: Brooks
Name Suffix::
City Of Residence:: Independence
State Or Province Of Residence:: OR
Country Of Residence:: US
Street Of Mailing Address:: 115 S. 7th Street
City Of Mailing Address:: Independence
State Or Province Of Mailing Address:: OR
Country Of Mailing Address:: US
Postal Or Zip Code Of Mailing Address:: 97351

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Corey
Middle Name::
Family Name:: Warner
Name Suffix::
City Of Residence:: Dallas
State Or Province Of Residence:: OR
Country Of Residence:: US
Street Of Mailing Address:: 350 N.E. Evergreen Court #3
City Of Mailing Address:: Dallas
State Or Province Of Mailing Address:: OR
Country Of Mailing Address:: US
Postal Or Zip Code Of Mailing Address:: 97338

Correspondence Information

Correspondence Customer Number:: 26790
Phone Number:: (503) 810-2560
Fax Number:: (503) 638-0367
E-Mail Address:: Karen@kdopatent.com

Representative Information

Representative Customer Number::	26790
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/035,502	10/25/01
10/035,502	An application claiming the benefit under 35 USC 119(e)	60/243,424	10/25/00

Assignee Information

Assignee Name:: Marquis Corp.
Primary Citizenship Country:: US
Street Of Mailing Address:: 596 Hoffman Road
City Of Mailing Address:: Independence
State Or Province Of Mailing Address:: OR
Country Of Mailing Address:: US
Postal Or Zip Code Of Mailing Address:: 97351